

California Medicine

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The delegates were women, representatives of quite another profession than medicine, and they had come, they said, to urge him to hasten a search for a way of applying his findings to man. As proof that they had not come merely to cheer, they offered money to further the study. Moreover, suggesting that it might be well to be prepared to publicize the practical value of the work as soon as it should be completed, they submitted for the researcher's consideration an advertising slogan—"Bismuth Before Pleasure."—*N. J. H., San Francisco.*

FLESH AND FANTASY

A man is not old when his hair turns to gray,
Nor is he so old when his teeth decay.
But he's well on his way to that final sleep,
When his mind makes appointments his body can't keep.
—*From the Jackson, Miss., Clarion-Ledger Magazine Section.*

There are many persons here who have come to regard the cables not so much as useful circuits of metal rope but as veritable civic carotid arteries, severance of which would subject our town to an incurable spiritual anemia.
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Yes, and maybe a little loss of blood, too.



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Zwerling, Henry Bernard, *Berkeley*

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Whitson, C. S., *Richmond*

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Benov, Harry, *Fresno*
Bronstein, Louis J., *Dos Palos*
Collins, Thomas A., *Fresno*
Devereaux, Edwin E., *Fresno*
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Hackie, Edward A., *Bellflower*
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Marmor, Judd, *Beverly Hills*
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(Continued on Page 16)

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 Steinbeck, Frederick, *Los Angeles*
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 Styre, Benjamin F., *Los Angeles*
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 Winer, Julius H., *Beverly Hills*
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Orange County (5)

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Clark, Helen S., *Riverside*
Mahlmann, Carl, *Riverside*
Mead, James G., *San Jacinto*
Merrill, Robert L., *Hemet*
Wilkins, Howard F., *Coachella*
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Coleman, Warren R., *Sacramento*
Doval, John H., *Sacramento*
Ferris, George J., *Sacramento*
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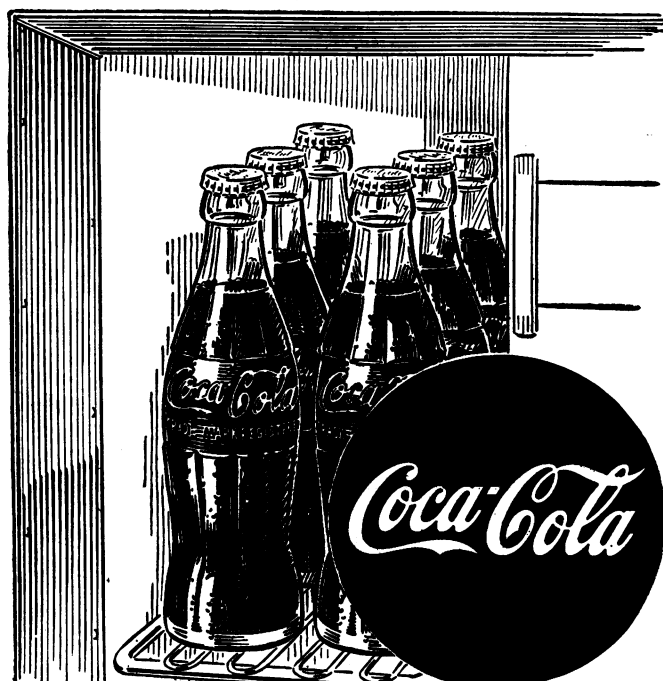
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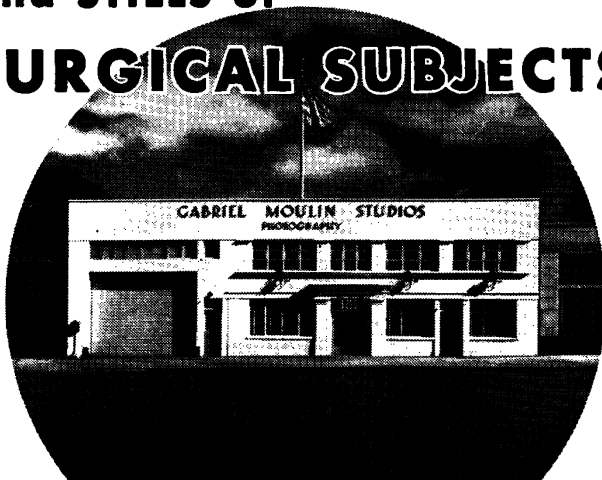
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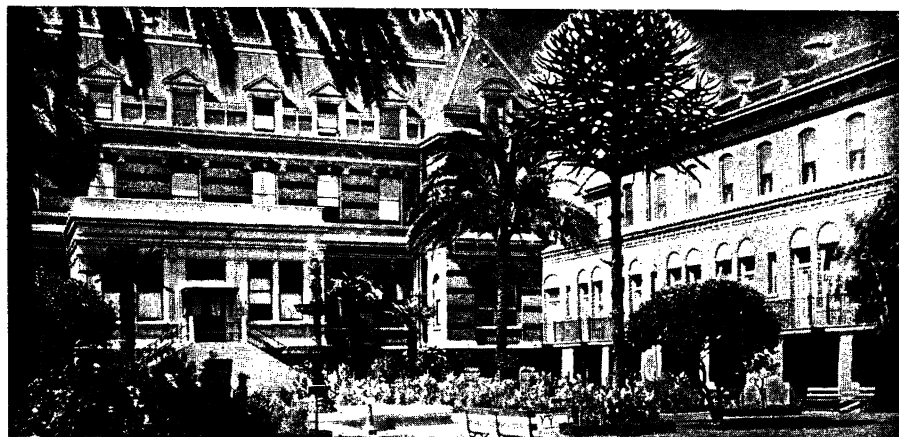
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VOL. 66

APRIL, 1947

NO. 4

Public Relations of a State Medical Society*

JOHN W. CLINE, M.D., *San Francisco*

President-Elect of the California Medical Association

It is difficult to find an adequate definition of "Public Relations." When applied to any segment of society, the term obviously refers to the estimate of the public concerning that particular group. If that opinion be good, the group may be said to enjoy "good public relations" and if the opinion be poor, the converse is true. The terms "good" and "bad" are relative and not absolute. It follows, therefore, that things can be done which may result in the improvement or deterioration of the relationship of a particular group to the public.

There is little or no difficulty in presenting the scientific achievements of medicine to the people. News sources are avid for this information. The tendency is for writers in lay publications to dramatize and exaggerate such news beyond its proper value.

The function of the medical profession in our society is to provide adequate medical care of high standard within the economic reach of the bulk of our people. The profession, itself, must be the judge of the standard and adequacy of care. No other group is equipped with the knowledge and experience to determine these points. One frequently encounters efforts on the part of laymen to set down rules and regulations concerning these items. The theoretical and emotional background of these opinions is apparent and sometimes would be amusing, were it not for the serious consequences involved.

It is probable, however, that the public will have a considerable influence upon the decision as to what constitutes adequacy of medical care.

The situation is somewhat different when it comes to the determination of what constitutes provision of such care within the economic capac-

ity of the public. Here the people have a right to participate in the decision and, whether we wish it or not, probably will have the ultimately dominant voice.

It is apparent that public opinion will be a vital factor in shaping the future pattern of medical care and the method of its distribution. It is, therefore, necessary that the public be well informed so that its attitude toward medicine and medical care will be intelligent and based upon fact instead of emotion and prejudice.

This is the basis upon which any effective public relations program must be built. We must further realize that the technical field of public relations is one with which the medical profession is not familiar. We should seek the advice and services of experts in this endeavor, just as our patients come to us for medical care.

About three years ago, the Council of the California Medical Association belatedly reached this conclusion. Earlier, abortive efforts had been made in this direction and the experience had not been pleasant. It was evident that we needed the advice of someone who possessed recognized abilities in this sphere.

We, therefore, sought the advice of one of the largest and best known advertising agencies in the country. The approach of this organization to our problem was remarkably similar to that which we utilize in solving the medical problems of our patients. In both fields effective therapy depends upon accurate diagnosis. In this instance, the diagnostic procedure consisted of a public opinion survey. This was conducted according to standard methods and was designed to ascertain the attitude of the public toward the medical profession and the individual physician.

The survey showed that the public held a rather high opinion of its doctors as individuals and felt

* Delivered by invitation before the Mid-Winter Clinical Sessions of the Colorado Medical Society, Denver, February 19, 1947.

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EDITORIALS

The Relation of the General Practitioner to the Practice of Medicine in Hospitals

The place of the General Practitioner in the practice of medicine in the hospital is a subject that lately has been discussed heatedly and widely by the medical profession. This problem can be answered only after answering two other questions. First, what is the place of the General Practitioner in the practice of medicine? Second, what is the place of the hospital in the practice of medicine?

The training of a doctor of today is inextricably combined with hospital facilities. The use of hospital facilities is now recognized by most people as the *sine qua non* of adequate medical care. It has been estimated that about 80 per cent of the practice of medicine is taken care of by the General Practitioner and about 20 per cent by the Specialist. It seems to follow that if hospital facilities are inseparable from the present day concept of adequate medical care and if 80 per cent of the medical care of the nation is in the hands of the General Practitioners who have been trained to use the hospitals, then to eliminate or exclude the General Practitioner from the use of hospital facilities perpetrates a fraud on the public and on the doctor who has been trained to use those facilities. Such exclusion would inevitably result in lower standards of care for the bulk of his patients.

The use of hospitals as a place for the practice of Specialists alone is a relatively recent development. The tendency began in a laudable effort instituted by the American Medical Association and later brought to fruition by the admirable work of the American College of Surgeons to raise hospital standards. From a totally unorganized, unstandardized jumble of good and bad hospital facilities has come our present-day American hospital system. The purpose of the American Medical Association and the American College of Surgeons

has been not to eliminate capable doctors from staffs nor to concentrate the practice of medicine in the hands of the few. The fact that such a development seems to be arising is rather the fault of administration and a failure to analyze and direct the hospital system.

The purpose of the Certification Boards of Specialists has been stated admirably by the American Board of Surgery in a resolution passed by that Board December 14, 1946. Among other things this resolution stated: "The American Board of Surgery is not concerned with measures that might gain special privileges of recognition for its certificants in the practice of surgery. It is neither the intent nor has it been the purpose of the Board to define requirements for membership on the staffs of hospitals. The Board specifically disclaims interest in or recognition of differential emoluments that may be based on certification."

This is a clear statement and is unassailable. However, in the book "The American Hospital"—1946 edition, page 155, the author, Dr. Corwin (Ph.D.), states: "In the future there will be no excuse to make a major hospital staff appointment from among any except those who have met the standards of their respective Specialty Boards."

Many hospitals have turned lately toward Dr. Corwin's concept of staff appointments so that at present it is practically hopeless for a General Practitioner to apply for membership on a major hospital staff, at least in the larger cities. These hospitals explain this attitude by the statement that they have not enough beds to supply the demands of the men already on the staffs (and this is absolutely true). Also, they have stated that they could not allow any except Specialists or Diplomates of the Specialty Boards as members of the staff or

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FOR COMPLETE ROSTER OF OFFICERS, SEE ADVERTISING PAGE 4

NOTICES AND REPORTS

NEWS of the DAY in the C.M.A.

March 2—Joint legislative meeting today with dentists, pharmacists, dispensing opticians, hospitals, etc. This program now five years old and its worth proved in elimination of inter-professional differences. Bill proposed by each group looked over by all, amendments offered and accepted. Now when we get to Sacramento there is unified opinion among allied groups rather than differences. Two or three of these sessions each legislative year.

March 4—Checking up today on eastern sanitarium where patient of California physician has ended up under poultice treatment for cancer. Looks as though patient would be better off to return to her own doctor here.

March 5-6—Catching up with first-of-month business, correspondence, billing, etc. Funny how the mail can accumulate without notice, each item posing another problem and each demanding attention right now. Somehow the stack never seems to get any lower but somehow it manages to get done without too big a backlog piling up.

March 7—Final touches put on Executive Committee meeting agenda and transportation picked up for San Francisco-Los Angeles. What with busy programs for everybody, arranging meetings is not so easy as it used to be. All sigh with relief when a quorum is assured.

March 8—Executive Committee meets in Los Angeles, discusses mutual problems with president of New Mexico Physicians' Service, a prepayment plan patterned after C.P.S. and actively sponsored by C.M.A. Plan has been operating for eight months and shows visible signs of progress. Management appears splendid and prospects good. Executive Committee to report findings to Council next week. C.P.S. Executive Committee also meets in Los Angeles today, preparatory to Trustees' meeting Sunday.

March 9—C.P.S. Trustees meet, cover full-day agenda and vote to hold regular meetings third

Sunday of each month from now on. Business has grown to size where meetings every eight weeks, more recently every six, no longer suffice to meet demands. Comparison of monthly business for past five years shows growth from \$70,000 monthly revenue to \$620,000. Add that to service rendered for Veterans' Administration and annual business runs to better than \$12,000,000. Which is no peanuts, nor hay.

March 10-11—Finishing touches put on printing of Annual Session program. Pre-convention number of Journal to be March issue this year and all set for it. Programs are all timed, speakers limited to set periods, and interval-timers readied for chairmen. Now you can go to hear one paper in one section and count on being on time to hear another in another meeting. Committee on Scientific Work has worked out all details down to final minute and it looks good on paper.

March 9—Income tax day. 'Nuff said. Advisory Planning Committee meets in morning, Council at lunch and all afternoon, recesses until Sunday. Council meetings now planned as day-and-a-half affairs to cover business presented.

March 16—Council reconvenes and sits from 9:30 a.m. to 5:50 p.m. Thirty men for eight hours plus, on top of five hours plus on Saturday—that's a lot of man-hours. The C.I.O. would demand double for overtime on that schedule.

March 17—Legislature reconvenes in Sacramento, putting on two-ring show of regular and special sessions running concurrently. If the highway problems of the special session can be resolved, the 4,100 bills introduced in the regular session can be put on the calendar. Fortunately, only 450 of these affect the public health or the practice of medicine but that takes a lot of watching. For the next few months we can figure on a lot of time spent on legislative activities.

March 18—More conference on New Mexico situation and on general business. Visit from

DEVELOP NEW TECHNIQUE IN HEART SURGERY TO SAVE "BLUE BABIES"

Three Chicago physicians, writing in the November 16 issue of *The Journal of the American Medical Association*, report the development of a new technique in surgery which adds life and gives hope to children born with crippled hearts.

The three physicians, following in the footsteps of Dr. Alfred Blalock, who performed the first epoch-making operation on a "blue baby" in Johns Hopkins Hospital in Baltimore late in 1944, have introduced a new surgical procedure which heretofore was considered impossible. Their type of operation, backed by experimental work on more than 30 dogs, achieves the same results as the famous Blalock operation, but the technique is different.

It was only a short time ago that a "blue baby" with heart disease present at birth was considered beyond the reach of surgical aid. Now there are two types of operations—the same in principle but different in technique—that can help the young patients.

Blue fingernails, clubbed finger tips, purple lips, a bluish complexion and bloodshot eyes are characteristic of the "blue baby," whose malformed heart cannot pump enough blood to his lungs to pick up the vital oxygen the body needs. Lack of oxygen produces the cyanosis or bluish cast. Surgery now performed on a child's heart can increase oxygenation of the blood stream by increasing circulation through the lungs. Dr. Blalock and Dr. Helen B. Taussig, chief of the Children's Heart Clinic at Johns Hopkins, were the pioneers in this type of surgery. The Chicago doctors say in their *Journal* article

that "only because we were backed by the fundamental principles set forth by Blalock and Taussig for the surgical relief of anoxemia in certain types of congenital heart disease did we have the courage to attempt this new operation."

Both types of operations are performed by entering the chest cavity.

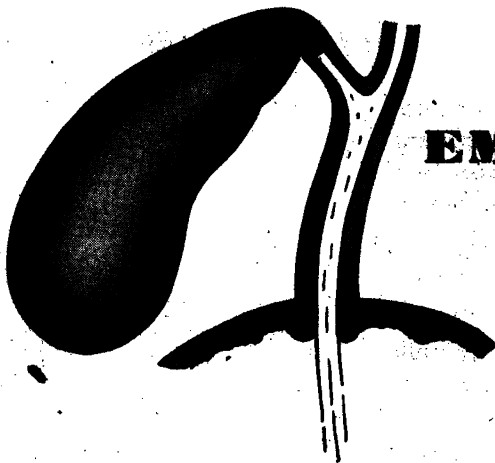
In the Blalock-Taussig operation, the subclavian or innominate artery is joined to either the right or left pulmonary artery, thereby providing increased blood to the lungs. "Sacrifice of the subclavian artery for the anastomosis of its proximal end to the side of the pulmonary artery is associated with little danger to the circulation of the arm," the article says, adding: "Use of the innominate artery for such an anastomosis entails the hazard of an inadequate supply of blood to the brain."

The Chicago doctors found they could achieve the same results as obtained in the Blalock-Taussig operation by making a direct union or connection between the body's main artery, the aorta, and the right or left pulmonary artery. In this operation the blood supply to the arms or the brain is not disturbed.

For some time doctors, experimenting on dogs, have tried to make a direct union between the aorta and the adjoining pulmonary artery. Investigators found, however, that clamping off the aorta for any length of time in a fair percentage of experiments led to paralysis of the hind legs.

The Chicago surgeons overcame this obstacle by developing a special clamp which permits most of the blood to flow through the aorta while the vessel is being sewed to the pulmonary artery. The ordinary clamp, if

(Continued on Page 36)



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DEVELOP NEW TECHNIQUE IN HEART SURGERY TO SAVE "BLUE BABIES"

(Continued from Page 34)

applied to a large artery like the aorta, would tend to slip off because of the pulsations caused by the rhythmic beat of the heart. Construction of the new clamp overcomes this difficulty. A hollow portion of the clamp supports the aorta and each pulsation is transmitted without the instrument coming off the artery.

After the instrument has been applied, a small opening approximately three-eighths of an inch long is made in the small portion of the aorta which has been clamped off. The right or left pulmonary artery is then brought alongside the aorta. A small incision is made in the pulmonary artery and it is then sewed to the aorta, through the new opening into the pulmonary artery to the lungs

where it receives oxygen.

The *Journal* article says the doctors performed their operation on three children. "In attempting this new procedure," the physicians say, "it seemed only fair to choose those patients whose condition was such that without aid their future was hopeless. The two children who survived the operation have been tremendously benefited."

The first operation was performed on a girl, 21 months old. Her progress had appeared normal until she was three months old, the article states, and then the mother observed that the baby "became blue around the lips during her feeding and seemed quite limp at the conclusion of the meal. If she were fed a little too much or took her food too rapidly she became extremely cyanotic and limp, her eyes became fixed, and she lapsed into uncon-

(Continued on Page 38)

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DEVELOP NEW TECHNIQUE IN HEART SURGERY TO SAVE "BLUE BABIES"

(Continued from Page 36)

sciousness. On two occasions the mother thought that the child was dead."

She underwent a three-hour operation on September 13, 1946. In discussing her postoperative recovery, the doctors say:

"Her course was very smooth. She began taking fluids 24 hours after the operation. The most striking change was her color and general behavior. She took her food without difficulty; when disturbed by her doctors she cried for several minutes without turning blue, and in the intervening time she was happy and playful. She gained a pound during the first 11 days after the operation. A later note from the mother states that the baby's condition is excellent, and that her color compares favor-

ably with that of other children who now come in to visit her."

The doctors explain that the operation would not benefit all "blue children," but would help the majority to overcome invalidism and anticipate a normal and reasonably active life.

Charles Lamb (1775-1834).—The singular charm of Lamb's writing betray no degenerative taint. He suffered, however, from manic-depressive psychosis. Stuttering speech was another of his handicaps. Although given to occasional drinking bouts, he was no victim of alcoholism. To his sister, Mary, likewise afflicted with a mental disorder, he was passionately devoted. Once, when he saw an attack of her malady coming on, he diverted the attention of the company by placing an empty tea kettle on her head and singing.—Warner's *Calendar of Medical History*.



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BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

By FREDERICK N. SCATENA, M.D.

Secretary-Treasurer

Board Proceedings

Oral examinations were held at the Board Office, 907 State Building, Los Angeles, March 8 and 9, 1947. Approximately 100 applicants were examined during the two-day period.

The Board met in regular session at the Mayfair Hotel, Los Angeles, March 10 to 13, 1947. Hearings were held on petitions for termination of probation and for restoration of revoked certificates, as well as on disciplinary matters which included charges of aiding and abetting, narcotic law violations, illegal operations and advertising.

Written examinations were also conducted at this meeting, with 200 applicants appearing. The written examination covered a period of three days with three two-hour sessions each day.

For the period January 1, 1947, to February 28, 1947, there were filed 442 applications for physician's and surgeon's certificates, 180 for written examination, 197 for reciprocity, 15 on Government Credentials, and 50 on National Board Credentials.

At the meeting of the Federation of State Medical Boards, a paper was read by the Secretary of the Board, on the subject of Medical Licensure in California. Many Members and Executive Officers of other State Boards were amazed at the amount of work completed and the number of applicants that have been processed during the past few years by the California Board.

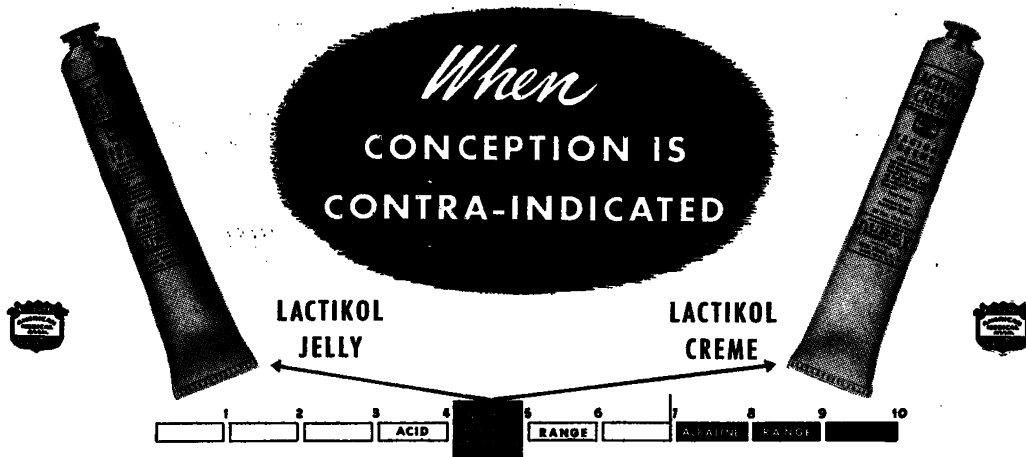
During the meeting of the Committee of Deans of Medical Schools, great stress was placed on the necessity of again popularizing and reactivating the field of general practice. Reports from all sections of the United States indicate rural districts are badly in need of physicians. The desire of the young doctors to specialize is thought to be the cause of the lack of practicing physicians in rural districts.

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RAGWEED, COMMON CAUSE OF ASTHMA AND HAY FEVER, MAY PRODUCE RASH

Ragweed, common cause of asthma and hay fever in the United States, may also cause inflammation of the skin, according to three Rochester, N. Y., doctors writing in the current issue of *Occupational Medicine*, published by the American Medical Association.

The doctors, all from the Medical Department of the Eastman Kodak Company, are Benjamin J. Slater, Associate Medical Director, John L. Norris and Nathan Francis.

They state that "while ragweed is the commonest cause of asthma and hay fever in the United States, it rarely causes dermatitis, not unlike that seen after exposure to poison ivy, oak or sumac. The rash is usually distributed on the exposed surfaces of the body, such as the face,

neck, forearms, hands, legs and feet, but may, like other forms of dermatitis venenata (contact dermatitis), involve the whole body. The condition is not hereditary, and, as a rule, those who get the dermatitis from the ragweed do not get hay fever or asthma."

Symptoms usually appear in August and end with the frost, corresponding with the period of pollination of ragweed. However, the authors point out that the eruption may appear as early as May, when the ragweed plant begins to grow, and may continue well up to November, as the ragweed plant maintains its vitality up to that time.

Farmers, grain handlers and hunters are warned that contact with the dried weed and seed will produce dermatitis at any time of the year if they are sensitive. The eruption may also be continued by pyrethrum insect powder, turpentine, vegetable oils or other material which can cause dermatitis.

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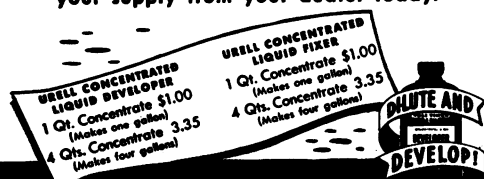
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NOISE ON GUN RANGES IMPAIRS HEARING OF ARMY INSTRUCTORS

The Army Medical Corps is trying out several new protective auditory devices after a study revealed that 50 per cent of the gunnery instructors assigned to both shotgun and 50 caliber machine gun ranges during the war suffered a definite loss of hearing from the constant noise of gunfire.

Writing in the current issue of the *Archives of Otolaryngology*, published by the American Medical Association, two army physicians state that tinnitus or ringing in the ear was the chief complaint in 50 per cent of the subjects examined and was the most annoying symptom noted.

The authors, Capt. James V. Stewart, of Buckingham Army Air Field, Fort Myers, Fla., and Lt. Col. David Woolfolk Barrow, of Lexington, Ky., studied 100 gunnery instructors averaging 25 years of age. All of them had normal hearing before they were assigned to the range.

"The minimum length of service was six weeks, the maximum 30 months and the average 10 months," the doctors write. "On the ranges, firing is almost continuous for seven and one-half hours per day five and one-half days a week. Absorbent cotton had been used universally as an ear plug and during the period covered by this survey was the only protective device employed.

"The noise level on ranges where 40 or more 50 caliber machine guns are firing is high and subjectively produces acute distress when first encountered. Men involuntarily duck, clasp their hands over their ears and have an almost uncontrollable impulse to run away when they first go on the range. It is almost as if they were struck a physical blow by a mass of sound. This first sensation passes in a few minutes, and one soon becomes adjusted to the noise. On cessation of firing after a single exposure of a few hours, there is a 'numb' feeling in the ears. One can almost hear the stillness, but auditory acuity is not diminished. Tinnitus, however, is sometimes present after a single exposure but is invariably of short duration. We have failed to see tinnitus persist even 24 hours following a single exposure."

Drs. Stewart and Barrow find, however, that after repeated exposure tinnitus can become a persistent and annoying symptom.

Of the 100 men examined, "persistent and unrelenting tinnitus was noted in 30 and intermittent tinnitus, severe enough to demand medical attention and cessation of duty on the range, was present in an additional 20."

The doctors say that when the men are reassigned, the trouble seemed to diminish, but in some the condition persisted for six months.

"The degree of hearing impairment is not readily appreciated by the person concerned," the doctors write. "When the man himself begins to notice difficulty in hearing there is but little left. Furthermore the loss is so gradual that he fails to understand what is happening to him and rarely presents himself for examination before extensive damage has occurred. To prevent this, routine examinations must be conducted."

The doctors cite the case history of a 29-year-old gunnery range captain, who was assigned to a shotgun range where he served eight hours a day six days a week for 15 months. The patient first noticed his ear trouble three months after assignment.

"The tinnitus would disappear during the night at first but within five months became continuous," the article states. "He was not aware of being deaf at that time. case patient by concluding in this optimistic tone: "I

(Continued on Page 50)

NOISE ON GUN RANGES IMPAIRS HEARING OF ARMY INSTRUCTORS

(Continued from Page 48)

With continued service on the range this tinnitus became more intense. The patient stated that this buzzing had awakened him while sleeping. He had used cotton wadding ear plugs continuously and tried to stay as far distant from the firing as he could and still perform his duties. Despite these precautions there was progressive damage and he was removed from the range after 15 months of service."

The doctors write that "there is a pronounced individual variation in susceptibility. In only five men with an average of eight and one-half months' exposure were there no symptoms of any kind and normal hearing. In the remaining 95, there were varying degrees

of impairment. The amount of damage, however, could not be correlated to the length of exposure. The time necessary to produce symptoms and damage to hearing was likewise subject to wide individual variation. In one instructor continuous severe tinnitus and pronounced loss of hearing developed within six weeks."

"Many physicians advise patients with hypertension or coronary artery disease or any form of heart disease not to drink. For myself I see no reason why patients with these conditions should not drink in moderation. Many patients with angina of effort secure as much relief from brandy or whiskey as they do from glyceryl trinitrate and I can see no reason why they should be deprived of the pleasure of drinking unless there is some evidence that alcohol is injurious."

The author holds out further hope for the heart dis-

(Continued on Page 52)

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NOISE ON GUN RANGES IMPAIRS HEARING OF ARMY INSTRUCTORS

(Continued from Page 50)

feel that the average patient with a healed coronary occlusion can return to a sedentary occupation part time in about three months. Although it is debatable, because of the possibility of further occlusions, I believe it is safe to allow such patients to drive a car three months or so after their acute episode. Also if they do not have angina of effort three or four months after their original attack any mild form of exercise such as golf or swimming in warm water seems indicated, if desired. It is my feeling that too many such patients are made total invalids unnecessarily. In fact, it is my experience that after adequate collateral circulation has developed it

really doesn't seem to matter what activities these persons carry on within reason from the standpoint of developing further coronary occlusions. Certainly a patient is a happier and more useful member of his community if he can lead an approximately normal life.

Francesco Redi (1626-1697).—Francesco Redi was first to attack the theory of spontaneous generation. His experiments were simple and homely but by showing that flies brought the eggs for their development, he conclusively proved the fallacy of the spontaneous origin of grubs or maggots in decaying matter. An important monograph, describing 108 different species of parasites of man and various animals, earned for him the title of "father of parasitology."—Warner's *Calendar of Medical History*.



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NEW CHEMICAL FOUND EFFECTIVE FOR CERTAIN PUSTULAR SKIN DISEASES

A new drug has recently been gaining recognition as an effective agent against disease-producing bacteria which invade the skin. This chemical, obtained for the most part from oat hulls, is called Furacin, according to three Boston investigators writing in the February 1 issue of *The Journal of the American Medical Association*.

The investigators—John Godwin Downing, M.D., Mil-lard C. Hanson, M.D., and Marion Lamb—are from the Department of Dermatology and Bacteriology, Boston City Hospital, and the Department of Dermatology, Tufts Col-lege Medical School.

Of 212 patients placed under treatment with this chem-ical, which is applied to the skin, 18 showed a brilliant

response and 82 showed good response, while on 45 there was no follow-up.

"The drug shows excellent possibilities in the treatment of superficial infection of the skin, such as impetigo and ecthyma," according to the authors. Both of these condi-tions are of the same nature in that they are pustular in-fectious of the skin. However, ecthyma is a deeper involve-ment with ulcerative lesions.

The authors point out that so far there has been no evidence of poisoning from absorption of the drug when it is used in large amounts over long periods. "Although the drug is capable of sensitizing abnormal skins, in our experience to date this tendency is less than that of sulfathiazole or penicillin when used for topical applica-tion," they state.

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Two new English drugs, used in a New York hospital, have proved effective in checking multiple myeloma, a malignant tumor of the bone marrow.

No effective form of therapy was known for this highly fatal disease until these drugs—Stilbamidine and Pentamidine—demonstrated their tumor controlling and pain relieving properties.

Writing in the January 18 issue of *The Journal of the American Medical Association*, Isidore Snapper, M.D., from the Second Medical Service of the Mount Sinai Hospital, New York, reviews the treatment of 15 patients.

He states that "all these patients were suffering excru-

ciating pains when the treatment was begun. Thirteen were immobilized in bed. All 15 improved considerably as far as the pain itself was concerned. Eleven could walk at the time of discharge from the hospital."

Dr. Snapper points out that the "treatment merely checks the disease and does not cure it."

This disease, usually associated with anemia, causes neuralgic pains. Later, painful swellings appear on the ribs and skull and spontaneous fractures may occur.

Injections into the veins of Stilbamidine proved successful in the majority of patients. However, in two who were not helped by Stilbamidine, Pentamidine was effective.

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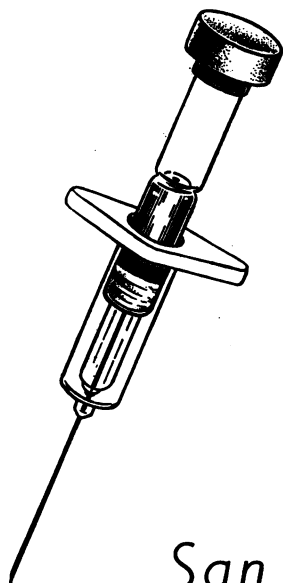
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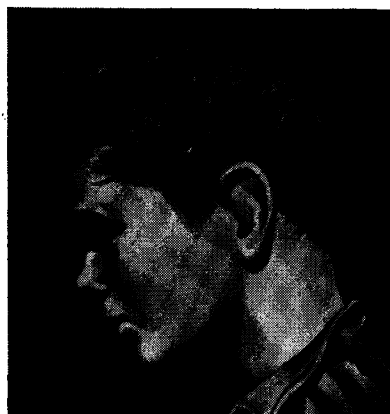
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Edgar Allan Poe (1809-1849).—Poverty, illness, misfortune were the lifelong odds against Poe. He fought these specters through three decades of prolific literary work. They undoubtedly deepened the morbidity of his writings, gloomy of nature as he was by heredity and temperament. They drove him at times to drink and the taking of drugs. But nothing brought him so close to the brink of despair and virtual insanity as the death of his adored and long-ailing child-wife, Virginia Clemm.—*Warner's Calendar of Medical History.*

Richard Porson (1759-1808).—Lord Byron, who studied under him at Cambridge, once said that he never saw Porson sober. Drinking seemed to be a monomania with him. He could sit up drinking night after night: he was known to be able to quaff, not only his share of wine but that of his convivial companions, and in a drunken fury would threaten a disputant with a poker. All this aside, Porson was perhaps the greatest Greek scholar ever known, his work marking an advance in Greek scholarship.—*Warner's Calendar of Medical History.*



In Ringworm of the Scalp, examination under ordinary light shows only the patches (left), while under Wood's light the patches and all isolated hairs glow with green fluorescent color (right). Thus, complete diagnosis is possible. If the lesion does not fluoresce it is not Ringworm (see "Report of the Present Epidemic"—J. A. M. A.—February 1, 1947).

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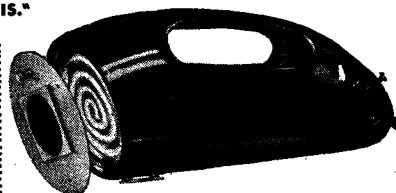
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TYPHOID FEVER INCIDENCE HIGH IN MISSISSIPPI VALLEY STATES

The incidence of typhoid fever, a disease which has been largely conquered in urban areas, is still running high in six Mississippi Valley states, Missouri, Kentucky, Tennessee, Arkansas, Mississippi and Louisiana, according to two doctors from the Charity Hospital at New Orleans.

Writing in the current issue of the *Archives of Internal Medicine*, published by the American Medical Association, the physicians—Byron M. Stuart, of Baton Rouge, La., and Roscoe L. Pullen, of Seattle—review 360 cases of typhoid seen at Charity Hospital during the six-year period from Jan. 1, 1939, through Dec. 31, 1944.

Drs. Stuart and Pullen, who are also members of the Department of Medicine, Tulane University of Louisiana School of Medicine, point out that in the United States there has been a marked decrease in typhoid fever, due largely to betterment of water supplies and improvement in sewage disposal. It now has become largely a disease of rural areas.

Distribution of the 360 patients revealed, according to the physicians, that "84 lived in New Orleans. Inadequate data failed to reveal how many of these patients had recently been in rural communities. One hundred and twenty-nine lived on farms, while 90 lived in rural communities and were engaged in farm work, fishing, hunting or trapping."

Explaining the sources of infection, the authors say that "about two-thirds of this group of patients came from rural communities. Many had inadequate screening and toilet facilities, while about one-fourth of these lived on the river or along the bayous. Many of these gave a history of drinking water of a well or a stream. Forty-nine of the group had been exposed to typhoid among members of their family, while 26 others knew of cases in their community."

Typhoid fever is a gastrointestinal disease, the causative agent, a bacillus, being eliminated with the waste matter of the infected person. Control of this disease is largely a matter of keeping sewage from draining into the water supply.

Some of the pertinent facts about the patients in this series follow:

One hundred and eleven or 33.23 per cent of the patients had rose spots.

Thirty-nine of the patients suffered a transient chill at the onset of the disease, while 69 others experienced a chill within the first few days of illness.

After the actual onset, which was frequently difficult to determine, the temperature characteristically began to rise by successive steps, usually reaching its maximum by the tenth day. The maximum temperature varied from 102 to 108.8 F. and averaged about 104.2 F.

Nervous manifestations were common in these patients. Headaches, insomnia and dizziness were relatively early symptoms, while headache, apathy, delirium, stupor and, at times, loss of consciousness were observed later in the disease.

Other outstanding symptoms noticed during the course of the disease included generalized muscular aches and pains, pain in the back and weakness.

Some evidences of involvement of the respiratory tract were present in most of the patients. A cold in the head, sore throat and manifestations of bronchitis were commonest. Cough was present in 310 patients.

Loss of appetite was present in over 90 per cent of the patients. Distaste for food became more pronounced as the disease progressed, but it was usually replaced by an increasing desire for food as the fever disappeared.

(Continued on Page 64)

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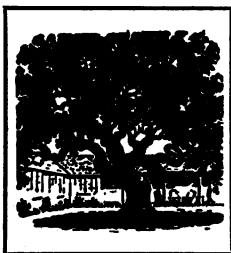
(Continued from Page 60)

Forty-six of the 360 patients died of typhoid, a mortality rate of 12.78 per cent.

The mortality rate indicates, according to the authors, that although preventive measures have produced a progressive decline in the incidence of typhoid in the United States, little progress in regard to treatment has been recorded in recent years. They say that "treatment has, therefore, been directed toward providing general care, especially adequate nursing care and proper nutrition . . . Prophylaxis, the prevention of the spread of infec-

tion to others, is also important and consists of such measures as prompt vaccination of all close associates of the patient, disposal of all excreta, care of linen and utensils and control of flies."

Christian G. Ehrenberg (1795-1876).—The part that Christian Ehrenberg played as a pathfinder in bacteriology was one of systematization. He identified, named and catalogued all the microscopic organisms—animals and plants, both living and fossil—that he could discover. His great atlas, "Die Infusionsthierchen" is a monumental work, containing his own illustrations. It did for microscopic organisms what the "Systema Naturae" of Linnaeus did for the large animals and plants.—Warner's *Claendar of Medical History*.



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NEED FOR PREVENTIVE MEASURES TO ARREST RINGWORM OF SCALP

How two cities met and overcame an epidemic of ringworm of the scalp is told by two doctors writing in the February 1 issue of *The Journal of the American Medical Association*.

The doctors—Richard J. Steves of Des Moines, Iowa, and Francis W. Lynch of St. Paul—are from the Division of Dermatology, University of Minnesota.

"An unusual opportunity presented itself to study an epidemic in the twin cities of Minneapolis and St. Paul, where every form of ringworm of the scalp was rare prior to 1943," state the authors. "In 1945 and 1946 about 747 cases were observed in Minneapolis, St. Paul and surrounding communities. *Microsporon audouini* was the organism responsible for all cases in St. Paul and surrounding communities, but not in Minneapolis, where nearly 20 per cent of the cases were caused by other types of fungi."

Their findings in this study are as follows:

"Of 635 children infected by *M. audouini*, the average age was 7.2 years, the ages varying from one to 16 years.

"Infection was found nine times as often in boys as in girls.

"The epidemic apparently began in St. Paul with the infection of a Negro family, and three per cent of the total cases were observed among Negroes. This is approximately 50 per cent greater than the proportion of Negro persons to the total population."

The disease spread with such rapidity during 1945 that for a time the epidemic threatened to get out of control in St. Paul. The authors present the following figures to illustrate the increase: On Jan. 1, 1945, there were two cases in Minneapolis and 51 in St. Paul; on Jan. 1, 1946, there were 51 cases in Minneapolis and 584 in St. Paul.

Two types of treatment were attempted. In a selected series of 486 children, 25 per cent of 298 patients were cured by removal of the hairs by hand and local applications of simple remedies, and 80 per cent of 188 patients were cured by x-ray treatment.

The Wood light is valuable in diagnosing ringworm of the scalp. In a darkened room, under this light, normal skin and hair fluoresce faintly, while hairs infected with the fungi show brilliant beads of fluorescence and scaly areas appear turquoise blue. The physicians state that the "use of the Wood light is indispensable in the presence of an epidemic. It is used in surveying schools to detect early or unrecognized cases, and it is the only satisfactory method of determining when a case has been cured."

The authors, cognizant of the present country-wide epidemic of ringworm of the scalp, sent questionnaires in January, 1946, to the health officer in at least two cities in each state and in each city with a population of over 40,000. "Replies were received from 175 of 220 inquiries," they state. "Epidemic ringworm of the scalp had appeared in 61 cities, and replies indicated that it probably was present in 27 additional cities."

Drs. Steves and Lynch point out that "in the presence of an epidemic the individual physician cannot handle the problem alone. The public health aspects of the disease far outweigh the treatment of the individual patient, and it is the duty of the school, city, county and state health departments to take adequate and early precautions to prevent spread."

They conclude with the statement that "the greatest incidence of the disease occurs in the East and Middle West. This may be due to New York City, Washington, D. C., Chicago and Detroit acting as large foci from which other communities are infected."